

DEC 17 2004

Atty Docket No. 018781 007410US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner Claire M. Kaufman

Group A 1 Unit 1646

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Claire M. Kaufman**

CERTIFICATION OF FACSIMILE TRANSMISSION

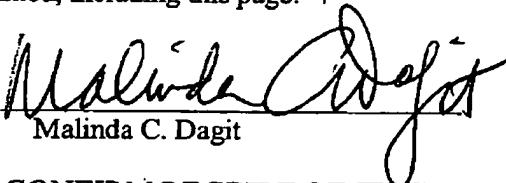
I hereby certify that the following documents in re Application of TIAN et al., Application No. 09/990,940, filed November 21, 2001 for NOVEL RECEPTORS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. NOTICE OF APPEAL
2. Fee Transmittal PTO/SB/17 for 3-month extension and Notice of Appeal @ \$1520.00 in duplicate

Number of pages being transmitted, including this page: 4

Dated: December 17, 2004


Malinda C. Dagit

*PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300*

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San Francisco, CA 94111-3834
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DEC 17 2004

FO/SB/17 (10-04)

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1520)

Complete If Known	
Application Number	09/990,940
Filing Date	November 21, 2001
First Named Inventor	Tian, Hui
Examiner Name	Claire M. Kaufman
Art Unit	1646
Attorney Docket No.	018781-007410US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number: 20-1430

Deposit Account Name: Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee					
1002 350	2002 175	Design filing fee					
1003 550	2003 275	Plant filing fee					
1004 790	2004 395	Reissue filing fee					
1005 160	2005 80	Provisional filing fee					

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		--	=	
Independent Claims		--	=	
Multiple Dependent		X		

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20					
1201 88	2201 44	Independent claims in excess of 3					
1203 300	2203 150	Multiple dependent claim, if not paid					
1204 88	2204 44	-- Reissue independent claims over original patent					
1205 18	2205 9	-- Reissue claims in excess of 20 and over original patent					

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1809 790	2809 395	Claims in excess of 20					
1810 790	2810 395	Independent claims in excess of 3					
1801 790	2801 395	Multiple dependent claim, if not paid					
1802 900	1802 900	-- Reissue independent claims over original patent					
		-- Reissue claims in excess of 20 and over original patent					
						Other fee (specify)	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1520)

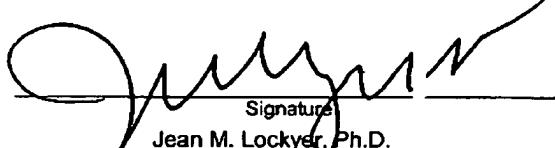
SUBMITTED BY

Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	44,879	Telephone	415-576 0200	Complete if applicable
Jean M. Lockyer, Ph.D.						

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v

PTO/SB/31 (09-04)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 018781-007410US				
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p>Signature _____</p> <p>Typed or printed name <u>Malinda C. Dagit</u></p>						
<p>In re Application of <u>TIAN et al.</u></p> <table border="1"> <tr> <td>Application Number <u>09/990,940</u></td> <td>Filed <u>1/21/2001</u></td> </tr> </table> <p>For <u>NOVEL RECEPTORS</u></p> <table border="1"> <tr> <td>Art Unit <u>1646</u></td> <td>Examiner <u>Chaire M. Kaufman</u></td> </tr> </table>			Application Number <u>09/990,940</u>	Filed <u>1/21/2001</u>	Art Unit <u>1646</u>	Examiner <u>Chaire M. Kaufman</u>
Application Number <u>09/990,940</u>	Filed <u>1/21/2001</u>					
Art Unit <u>1646</u>	Examiner <u>Chaire M. Kaufman</u>					
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p>						
<p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))</p>		\$ <u>500</u> _____				
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-1430</u> per the accompanying Fee Transmittal PTO/SB/17 submitted in duplicate.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed per the accompanying Fee Transmittal PTO/SB/17 submitted in duplicate.</p>						
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>						
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>44,879</u> _____</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>						
 <p>Signature _____</p> <p>Jean M. Lockyer, Ph.D. _____</p> <p>Typed or printed name _____</p> <p>415-567-0200 _____</p> <p>Telephone number _____</p> <p>December 17, 2004 _____</p> <p>Date _____</p>						
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>						
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>						